

# FORM OF RECOMMENDATION

For Election to

## STUDENT ASSOCIATESHIP

of the Linnean Society of London

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**This recommendation must be signed by one or more Fellows personally acquainted with the Candidate or their work, or by Officers of the Society. The full name of the Candidate, with usual style of address, and place of residence and place of tertiary education, must be given. This is a permanent record so please print clearly.**

Title and Full Name.....Date of Birth.....

Address.....

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Name of University or other Tertiary Institution.....

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Name of Course.....

*being desirous of becoming a Student Associate of THE LINNEAN SOCIETY OF LONDON, we, whose names are undersigned, recommend h.....*

**Name**

**Signature**

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This Form was received on.....

The Ballot will take place on the.....day of.....